

AFFILIATE MEMBERSHIP ENROLLMENT FORM

Please fill out and send this form and your dues check made out to the affiliate of your choice.

Send to the address listed for that affiliate.

I wish to join _____
_____ *(please write out the name of the affiliate)*

I have enclosed my dues of _____ made payable to this affiliate. *(amount)*

Please direct mail to my:

- home address
- school address

My name and address information:

Name _____

HomeAddress _____

City _____

State/Province _____

Zip _____ Country _____

PhoneNumber () _____

E-Mail Address _____

School Name _____

Address _____

City _____

State/Province _____

Zip _____ Country _____

PhoneNumber () _____

E-Mail Address _____

Fax () _____